

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

☒Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

12

06

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2006	43452.73
(b) Cash on Hand at Beginning of Reporting Period .....	26598.98	
(c) Total Receipts (from Line 19) .....	12295.01	79941.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38893.99	123393.99
7. Total Disbursements (from Line 31) .....	1000.00	85500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37893.99	37893.99
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11405.26	75432.25
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	889.75	4509.01
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	12295.01	79941.26
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	12295.01	79941.26
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12295.01	79941.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12295.01	79941.26

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		1000.00	85500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		1000.00	85500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		1000.00	85500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12295.01	79941.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12295.01	79941.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Adams

Mailing Address 203 Bridle Path Lane

City State Zip Code  
 Fox River Grove IL 60021

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP I, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30302

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period )

Full Name (Last, First, Middle Initial)

B. Joy A Amundson

Mailing Address 110 W. Onwentsia Road

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
CVP, Pres BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4465.60

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30311

Amount of Each Receipt this Period

585.00

Receipt

Payroll Deduction: (195.0-  
0/Pay Period )

Full Name (Last, First, Middle Initial)

C. Robert H Armstrong

Mailing Address 133 Manchester Drive

City State Zip Code  
 Waukesha WI 53188

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP, R & D Medical Devices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30315

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

765.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Donald Baker

Mailing Address 286 Whitworth

City State Zip Code  
 Thousand Oaks CA 91360

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.90

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30333

Amount of Each Receipt this Period

181.74

Receipt

Payroll Deduction: (60.58-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)

Michael J Baughman

Mailing Address 5343 N Lakewood Avenue

City State Zip Code  
 Chicago IL 60640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
CVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30339

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**C.** Full Name (Last, First, Middle Initial)

Sebastian Bufalino

Mailing Address 1091 Pine Meadow Ct

City State Zip Code  
 Vernon Hills IL 60061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
VP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.95

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30350

Amount of Each Receipt this Period

139.65

Receipt

Payroll Deduction: (46.55-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

621.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Donna Campagna  
Mailing Address 30922 St Andrews Drive

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Baxter IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30307

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Edward Conrad  
Mailing Address 113 S Waverly Pl

City State Zip Code  
Mt Prospect IL 60056

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
Dir, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1358.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30337

Amount of Each Receipt this Period

178.59

Receipt

Payroll Deduction: (59.53-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Sarah Creviston  
Mailing Address 717 North Maple Ave.

City State Zip Code  
Palatine IL 60067

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1719.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30330

Amount of Each Receipt this Period

227.04

Receipt

Payroll Deduction: (75.68-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

465.63

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Margarita Cruz-casse Mailing Address Violeta 153, San Francisco City San Juan State PR Zip Code 00927 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Puerto Rico Occupation Dir, Logistics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 903.88			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30355 Amount of Each Receipt this Period 119.94 Receipt Payroll Deduction: (39.98- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Robert M Davis Mailing Address 21515 Hummingbird Court City Kildeer State IL Zip Code 60047 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation CVP, Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2101.39			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30340 Amount of Each Receipt this Period 346.14 Receipt Payroll Deduction: (115.3- 8/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Gonz lez Chevalier Denisse Mailing Address PO Box 363326 City San Juan State PR Zip Code 00936-326 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter S. & D. Puerto Rico Occupation Mgr, Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30357 Amount of Each Receipt this Period 60.00 Receipt Payroll Deduction: (20.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**526.08**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mayra Diaz-jimenez

Mailing Address Estancias De San Fernando Calle 7

City State Zip Code  
 Carolina PR 00985

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter S. & D. Puerto RicoOccupation  
Mgr I, Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30359

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

Full Name (Last, First, Middle Initial)

B. Paul Estrem

Mailing Address 325 Clarewood Circle

City State Zip Code  
 Grayslake IL 60030

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30309

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

Full Name (Last, First, Middle Initial)

C. Camille I Farhat

Mailing Address 1052 Warrington Road

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
General Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30316

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Freeman Mailing Address 832 Foxmoor Lane City State Zip Code Lake Zurich IL 60047 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation VP I, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1112.42		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30304 Amount of Each Receipt this Period 159.66 Receipt Payroll Deduction: (53.22- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) James Gatling Mailing Address 3704 Lindsay Ln City State Zip Code Crystal Lake IL 60014 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation CVP, Global Manufacturing Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3049.64		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30287 Amount of Each Receipt this Period 409.62 Receipt Payroll Deduction: (136.5- 4/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) John Greisch Mailing Address 2636 Chesapeake Lane City State Zip Code Northbrook IL 60062 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation CVP, President - International Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4980.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30351 Amount of Each Receipt this Period 660.00 Receipt Payroll Deduction: (220.0- 0/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

1229.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lawrence Guiheen  
Mailing Address 1653 Vista Oaks Way

City State Zip Code  
Westlake Village CA 91361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
President V

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30279

Amount of Each Receipt this Period

105.00

Receipt

Payroll Deduction: (35.00-  
/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Worth Holder Jr  
Mailing Address 42 Jamestown Court

City State Zip Code  
Grayslake IL 60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
VP II, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.47

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30348

Amount of Each Receipt this Period

128.49

Receipt

Payroll Deduction: (42.83-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Irene Jakimcius  
Mailing Address 2208 Wesley Ave.

City State Zip Code  
Evanston IL 60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.19

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30343

Amount of Each Receipt this Period

182.73

Receipt

Payroll Deduction: (60.91-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

416.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Kamienski

Mailing Address 6312 N Keating

City State Zip Code  
 Chicago IL 60646

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.55

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30290

Amount of Each Receipt this Period

151.41

Receipt

Payroll Deduction: (50.47-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Robert Keeley

Mailing Address 22606 Bridle

City State Zip Code  
 Kildeer IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.87

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30320

Amount of Each Receipt this Period

136.23

Receipt

Payroll Deduction: (45.41-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Jane Kiernan

Mailing Address 525 W. Roscoe , #3W

City State Zip Code  
 Chicago IL 60657

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
General Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30305

Amount of Each Receipt this Period

120.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

407.64

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Marie G Kissel Mailing Address 1 Baxter Parkway c/o Gerald Lema City State Zip Code Deerfield IL 60015 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter World Trade Corporation Occupation Dir, Govt Aff & Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.15			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30352 Amount of Each Receipt this Period 207.69 Receipt Payroll Deduction: (69.23- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Edward A Langan Mailing Address 1605 Highland Avenue City State Zip Code Wilmette IL 60091 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation VP II, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30277 Amount of Each Receipt this Period 225.00 Receipt Payroll Deduction: (75.00- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Susan R Lichtenstein Mailing Address 1257 W Wrightwood Ave City State Zip Code Chicago IL 60614 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation CVP, General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4326.13			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30341 Amount of Each Receipt this Period 567.69 Receipt Payroll Deduction: (189.2- 3/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

1000.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Ronald K Lloyd  
 Mailing Address 1694 Falling Star Ave.

City State Zip Code  
 Westlake Village CA 91362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30308

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
 Matthew Lykken  
 Mailing Address 421 North Wheaton Ave

City State Zip Code  
 Wheaton IL 60187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
VP, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1014.73

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30349

Amount of Each Receipt this Period

152.88

Receipt

Payroll Deduction: (50.96-  
/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
 Brian W Magerkurth  
 Mailing Address 4218 Third Street Lane NW

City State Zip Code  
 Hickory NC 28601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, Global Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.94

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30312

Amount of Each Receipt this Period

165.78

Receipt

Payroll Deduction: (55.26-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

468.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresita Martinez-santini

Mailing Address A-1 Atenas St Repto Flamingo

City State Zip Code  
Bayamon PR 00959

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Puerto Rico

Occupation  
 Dir, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.53

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30354

Amount of Each Receipt this Period

132.93

Receipt

Payroll Deduction: (44.31-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Jeanne K Mason

Mailing Address 1 Baxter Parkway DF 1-2E

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter International Inc.

Occupation  
 CVP, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.65

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30346

Amount of Each Receipt this Period

461.55

Receipt

Payroll Deduction: (153.8-  
5/Pay Period)

Full Name (Last, First, Middle Initial)

C. Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Corpora-  
 tion

Occupation  
 General Manager III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1213.39

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30326

Amount of Each Receipt this Period

173.07

Receipt

Payroll Deduction: (57.69-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

767.55

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Bruce McGillivray

Mailing Address 151 Ridge Lane

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
CVP, President Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2817.78

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30321

Amount of Each Receipt this Period

403.86

Receipt

Payroll Deduction: (134.6-  
2/Pay Period)

B. Full Name (Last, First, Middle Initial)

Frank Monteleone

Mailing Address 4620 Forest Edge Lane

City State Zip Code  
 Long Grove IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP, Baxter IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1492.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30328

Amount of Each Receipt this Period

196.38

Receipt

Payroll Deduction: (65.46-  
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Barbara Morris

Mailing Address 924 N. Saratoga Dr.

City State Zip Code  
 Palatine IL 60074

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30295

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

630.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Moss Mailing Address 1620 Waukegan Rd c/o Bruce McGilli City State Zip Code McGaw Park IL 60085 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation VP, Strategy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30317 Amount of Each Receipt this Period 150.00 Receipt Payroll Deduction: (50.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Murphy Mailing Address 14601 N Somerset Circle City State Zip Code Libertyville IL 60048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation Asst General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 503.17		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30327 Amount of Each Receipt this Period 67.50 Receipt Payroll Deduction: (22.50- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Peter Omalley Mailing Address 563 Greenway Drive City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation VP/GM II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1035.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61120.C30332 Amount of Each Receipt this Period 135.00 Receipt Payroll Deduction: (45.00- /Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

352.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Shannon W. Penberthy

Mailing Address 3214 Porter Street, NW

City State Zip Code  
 Washington DC 20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, Govt Aff & Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30313

Amount of Each Receipt this Period

240.00

Receipt

Payroll Deduction: (80.00-  
/Pay Period )

B. Full Name (Last, First, Middle Initial)

Carla Pittman

Mailing Address 5720 Shenandoah Avenue

City State Zip Code  
 Los Angeles CA 90056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.05

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30322

Amount of Each Receipt this Period

155.25

Receipt

Payroll Deduction: (51.75-  
/Pay Period )

C. Full Name (Last, First, Middle Initial)

Gregory Polk

Mailing Address 4916 North 26th Street

City State Zip Code  
 Arlington VA 22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 0 / 2 0 0 6

Transaction ID: 61204.C30704

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

645.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Virginia Pringle

Mailing Address 341 3rd Street West

City State Zip Code  
 Tierra Verde FL 33715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Mgr II, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.35

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30299

Amount of Each Receipt this Period

86.19

Receipt

Payroll Deduction: (28.73-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. David Rohrbach

Mailing Address 10 Hawkes Court

City State Zip Code  
 Bridgewater NJ 08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP I, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30319

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Roibin Ryan

Mailing Address 1419 W Berteau

City State Zip Code  
 Chicago IL 60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30344

Amount of Each Receipt this Period

259.62

Receipt

Payroll Deduction: (86.54-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

375.81

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James K Saccaro

Mailing Address 53 Dukes Lane

City State Zip Code  
 Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Strategy & Bus Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.86

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30331

Amount of Each Receipt this Period

126.93

Receipt

Payroll Deduction: (42.31-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. David P Scharf

Mailing Address 931 Oak Street

City State Zip Code  
 Winnetka IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

868.14

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30342

Amount of Each Receipt this Period

132.99

Receipt

Payroll Deduction: (44.33-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Michael Schiffer

Mailing Address 33741 Shackleton Isle

City State Zip Code  
 Monarch Beach CA 92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.09

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30310

Amount of Each Receipt this Period

209.25

Receipt

Payroll Deduction: (69.75-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

469.17

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Victor Schmitt

Mailing Address 699 Bluff Road

City State Zip Code  
 Lake Bluff IL 60044

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Corpora-  
 tion

Occupation  
 Pres, Venture Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30303

Amount of Each Receipt this Period

115.50

Receipt

Payroll Deduction: (38.50-  
/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Corpora-  
 tion

Occupation  
 VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1044.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30278

Amount of Each Receipt this Period

153.06

Receipt

Payroll Deduction: (51.02-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Deborah Spak

Mailing Address 1555 Stratford

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter International Inc.

Occupation  
 Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.25

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30347

Amount of Each Receipt this Period

34.95

Receipt

Payroll Deduction: (11.65-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

303.51

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Donald Sullivan  
Mailing Address 910 W Cypress Drive

City State Zip Code  
Arlington Heights IL 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30335

Amount of Each Receipt this Period

120.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Karenann Terrell  
Mailing Address 914 Queens Lanes

City State Zip Code  
Glenview IL 60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
CVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30345

Amount of Each Receipt this Period

576.93

Receipt

Payroll Deduction: (192.3-  
1/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Onelia Vera-littrell  
Mailing Address 619 Oleander Drive

City State Zip Code  
Hallandale FL 33009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Asst General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1743.64

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30329

Amount of Each Receipt this Period

230.76

Receipt

Payroll Deduction: (76.92-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

927.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Kenneth R Webb

Mailing Address 31385 W. Somerset Circle

City State Zip Code  
 Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Customer Svc & E-Commerce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30314

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period )

B. Full Name (Last, First, Middle Initial)

Cheryl White

Mailing Address 4069 Mayfield Street

City State Zip Code  
 Newbury Park CA 91320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
CVP, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30334

Amount of Each Receipt this Period

375.00

Receipt

Payroll Deduction: (125.0-  
0/Pay Period )

C. Full Name (Last, First, Middle Initial)

Vernon Williams

Mailing Address 1601 Wyndham Court

City State Zip Code  
 Santa Ana CA 92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Baxter IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30325

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

555.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Subramania Yogendran

Mailing Address S Yogendran PO Box 747

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation  
VP II, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.52

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61120.C30353

Amount of Each Receipt this Period

118.26

Receipt

Payroll Deduction: (39.42-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

118.26

**TOTAL** This Period (last page this line number only) .....

11405.26

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Christopher Shays

Mailing Address 98 East Avenue  
Rear Building

City Norwalk State CT Zip Code 06851-

Purpose of Disbursement

Candidate Name  
CHRISTOPHER SHAYS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2004  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 61020.E753

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00